



FSCA FAIS NOTICE 29 OF 2023

FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT, 2002 (ACT NO. 37 OF 2002)

APPLICATION BY FINANCIAL SERVICES PROVIDERS FOR AUTHORISATION, 2023

The Financial Sector Conduct Authority (the Authority), under sections 3(2) and 8(1) of the Financial Advisory and Intermediary Services Act, 2002, read with section 113(2) of the Financial Sector Regulation Act, 2017, hereby determines that an application for authorisation as a financial services provider or an application for approval as contemplated in the Schedule, must be submitted in writing in the form and manner as set out in the Schedule.

This Notice repeals and replaces FSCA FAIS Notice 1 of 2018 that was published on the Authority's website on 4 April 2018.

**FARZANA BADAT
DEPUTY COMMISSIONER
FINANCIAL SECTOR CONDUCT AUTHORITY**

Date of publication: 24 May 2023

APPLICATION BY FINANCIAL SERVICES PROVIDERS FOR AUTHORISATION BY THE FINANCIAL SECTOR CONDUCT AUTHORITY

Introduction

In this application form “the Act, means the Financial Advisory and Intermediary Services Act, 2002 (Act No. 37 of 2002). A word or expression to which a meaning has been assigned in the Act, including any measure referred to in the definition of “the Act” in section 1(1), shall have that meaning, unless the context otherwise indicates.

Submissions to the Financial Sector Conduct Authority (FSCA):

1. An applicant that is not authorised as a financial services provider must, prior to submitting an application, obtain a payment reference number from the Financial Sector Conduct Authority (FSCA). The payment reference number can be obtained by -
 - (a) contacting the designated FSCA telephone number; or
 - (b) in the case of submitting an application through the online submission process, registering and creating an application.

2. Payment of the prescribed fee must be made prior to submission of the application to the FSCA and proof of payment must be attached to the application. The deposit reference must be reflected as follows –
 - (a) in the case of an applicant referred to in paragraph (1), the payment reference number obtained from the FSCA;
 - (b) in the case of an applicant that is a natural person applying for Phase 1 compliance officer approval, the identity number of the applicant;
 - (c) in the case of an applicant that is a not a natural person applying for Phase 1 compliance officer approval, a payment reference number obtained from the FSCA through the process set out in paragraph 1(a); or
 - (c) in the case of any other applicant, the applicant’s FSP number.

3. The FSCA shall not consider an **application unless the full prescribed application fee has been paid and the FSCA has confirmed receipt of payment.**

4. An applicant must only indicate the FSP number on the Forms if it is already authorised as a financial services provider and has been issued with an FSP licence number.

5. Applications may be submitted to the FSCA as follows:

Hand delivery	For attention: FAIS Registrations Riverwalk Office Park, Block B 41 Matroosberg Road (Corner of Garsfontein and Matroosberg Roads) Ashlea Gardens, Extension 6 Menlo Park Pretoria South Africa
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Financial Sector
Conduct Authority

	0081
Electronic mail	fais.newlicense@fsc.co.za
Posting	Postal address: The FSCA PO Box 35655 Menlo Park 0102 For attention: FAIS Registrations
Online Submission (Only for new applications)	https://www.fsc.co.za/Regulated%20Entities/Pages/ES-FAIS-New-License-Applications.aspx (also accessible via www.fsc.co.za)
e-Portal (Any application for amendment or changes or updates or representative information)	https://www.fsc.co.za/Regulated%20Entities/Pages/ES-FAIS-e-portal.aspx (also accessible via www.fsc.co.za)

**APPLICATION BY FINANCIAL SERVICES PROVIDERS FOR AUTHORISATION BY
THE FINANCIAL SECTOR CONDUCT AUTHORITY**

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BUSINESS INFORMATION OF APPLICANT

FSP Number	
Applicant Name	

Instructions and notes:
The application must be accompanied with the following documentation-

- (a) in the case of an applicant that is a natural person, a certified copy of his/her identity document;
- (b) in the case of an applicant that is a natural person who is not a South African, a certified copy of his/her passport and a certified copy of his/her work visa; or
- (c) in the case of an applicant that is not a natural person, proof of the applicant's registration.

Note: Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Name and trading name of applicant

1.1 Provide the full name (registered name of applicant or in the case of an applicant that is a natural person the name as it appears in the applicant's identity document) of the person applying for a license.

[Please note that a license will not be granted to a person with a name that does not comply with or that is contrary to any applicable legislation.]

Full name of applicant	
Trading name of applicant	

2. Institutional form of applicant

2.1 Indicate whether the applicant is a natural person.

Natural person Yes No

2.2 If the answer to question 2.1 is yes, provide the following information :

Identity number / Passport number (Passport no. must only be provided if applicant is not a South African citizen)		
Date of birth		
Previous Surname (if applicable)		
Country of residence		
Nationality		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Race	Black	<input type="checkbox"/>
	White	<input type="checkbox"/>
	Coloured	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Asian	<input type="checkbox"/>
	Other	<input type="checkbox"/> Please specify:

2.3 If the answer to question 2.1 is no, indicate the applicable institutional form of the applicant and provide the information requested.

(a)	Trust Indicate and describe type of trust	<input type="checkbox"/>				
(b)	Partnership Indicate and describe type of partnership	<input type="checkbox"/>				
(c)	Union Indicate and describe type of Union	<input type="checkbox"/>				
(d)	Close Corporation	<input type="checkbox"/>				
(e)	Company Indicate and describe type of Company	<input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Non-profit <input type="checkbox"/>	Other <input type="checkbox"/>
	Specify and describe type of company if "other" is indicated					
(f)	Co-operative	<input type="checkbox"/>				
(g)	Other Please specify and describe type of applicant if none of the types in (a) to (f) is applicable	<input type="checkbox"/>				

2.4 Indicate the reference, registration or incorporation number of the applicant and country where applicant is registered, incorporated or established.

(a)	Registration/Reference/Incorporation number				
(b)	Country of registration/incorporation/ establishment	South Africa <input type="checkbox"/>	Foreign Jurisdiction <input type="checkbox"/>		
(c)	Indicate country of registration if applicant is registered, incorporated or established in a foreign jurisdiction				
(d)	If applicant is a company registered, incorporated or established in a foreign jurisdiction, indicate whether company is registered as an external company in South Africa	External company registration Yes <input type="checkbox"/> No <input type="checkbox"/>			
(e)	If answer in paragraph (d) is yes, provide the applicant's external company registration no.				

3. Applicant's contact details**Important Note:**

- (a) *The Authority will liaise with the applicant regarding all matters concerning the applicant, and its license, including the maintenance of the license, in the event that a license is granted,–*
- (i) *in the case of the applicant being a natural person, via electronic mail using the e-mail address of the applicant recorded hereunder; or*
- (ii) *in the case of the applicant being a person other than a natural person, via electronic mail using the e-mail address of the designated contact person of the applicant as recorded in section 5.*
- (b) *Where an e-mail address is not recorded for the applicant referred to in (a)(i) or the designated person referred to in (a)(ii), the Authority will liaise with the applicant via the postal address of the applicant recorded hereunder.*
- (c) *Any requirement in a financial sector law that any notice or information must be provided to the applicant, will be regarded as effective service of such notice or information if it was submitted to the applicant in accordance with paragraph (a) and (b).*

Provide the following information:

Physical address	
Please indicate whether the physical address recorded above also serves as the residential address of the applicant.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Postal address	
Telephone number	
Mobile Phone Number (Only if applicant is a natural person)	

E-mail address	
Website address	

4. Other business premises of applicant

4.1 Does the applicant render or intend to render financial services from premises other than the premise recorded in section 3? If yes, indicate from how many premises it renders or intend to renders such financial services.

Number:

4.2 If the answer to section 4.1. is yes, indicate the number of premises per the following areas:

Western Cape	
Eastern Cape	
KwaZulu-Natal	
Mpumalanga	
North West	
Northern Cape	
Limpopo	
Gauteng	
Northern Province	
International	

5. Details of applicant's designated contact person

An applicant that is a natural person does not have to complete this section as the Authority will communicate directly with the applicant.

Instructions and notes:

The designated contact person of the applicant must be one of its key individuals.

The Authority will liaise with the designated contact person regarding all matters concerning the applicant and its license in the event that a license is granted, including the maintenance of its license, and all correspondence in connection with the aforementioned will be sent to the e-mail address of the designated contact person.

Provide the following details of the applicant's designated contact person:

Title	
Full Names	
Surname	
Identity No. / Passport No. (Passport no. may only be provided if applicant is a foreign national)	
Mobile number	
Telephone number	
E-mail address	

6. Banking Details

Provide the details of the applicant's business bank account. If the applicant has more than one business bank account, provide details of the other accounts in a separate annexure. The applicant must attach the latest bank statement, issued by the Bank, for all bank accounts listed under this section.

Name of Bank	
Branch name	
Account number	

7. Dealing with money, premium or other assets of clients or product suppliers

7.1 Will the applicant, or does the applicant intend to collect, receive, hold or in any other manner deal with money, premium or other assets, on behalf of a client or a product supplier, or that is payable in respect of a financial product?

Yes No

7.2 If the answer to question 7.1 is yes, provide details of the separate bank account/s in which the money, premium or assets will be held. If more than one bank account, provide details of the other accounts in a separate annexure. The applicant must attach the latest bank statement, issued by the Bank, for all bank accounts listed under this section.

Name of Bank

Branch name

Account number

7.3 Indicate whether the applicant intends to collect, receive, hold or in any other manner deal with premium payable in respect of a short-term insurance policy?

Yes No

7.4 If the answer to section 7.3 is yes, provide following information and attach a copy of the guarantee policy or contract as contemplated in section 45 of the Short-term Insurance Act, 1998 (Act No. 53 of 1998), and the regulations issued pursuant thereto:

IGF No.

8. Other Regulators

8.1 Is the applicant subject to regulation imposed by any other regulatory authority whether within or outside the Republic of South Africa?

South African Regulator

Yes No

Foreign Regulator

Yes No

8.2 If the answer to section 8.1 is yes, provide the following details:

Jurisdiction/s of regulator

Name of regulator/s

8.3 Provide in a separate annexure a list of activities for which the applicant is regulated per jurisdiction and regulator and attach proof of authorisations or registrations and proof of authorisation /registration number.

9. Business activities of the applicant

Provide in a separate annexure a summary of the applicant's current activities.

LICENCE CATEGORIES

FSP Number	
Applicant Name	

Instructions and notes:

- (a) A person may not render financial services in respect of a financial product as a particular category of FSP unless authorised for that category and financial product.
- (b) Subject to paragraph (a), any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Category of financial services

Indicate the category(ies) of financial service(s) in respect of which authorisation is sought.

Category I [Applicant must complete section 5A]	<input type="checkbox"/>
Category II [Applicant must complete section 5B]	<input type="checkbox"/>
Category IIA [Applicant must complete section 5C]	<input type="checkbox"/>
Category III [Applicant must complete section 5D]	<input type="checkbox"/>
Category IV	<input type="checkbox"/>

2. Direct marketing

Indicate whether the applicant intends to render financial services as a direct marketer.

Yes No

3. Automated advice

Indicate whether the applicant intends to render automated advice.

Yes No

4. Accreditation in terms of the Medical Schemes Act, 1998

Indicate whether the applicant intends to render financial services in respect of the financial product: **Health Service Benefits**.

Yes No

If yes, provide the applicant's accreditation number issued to the applicant under the Medical Schemes Act:

Number:

5. Financial products per Category

The applicant, other than an applicant that is seeking authorisation for a Category IV, must indicate in the sections hereunder the financial products in respect of which the applicant intends to render financial services per each Category in respect of which authorisation is sought.

5A Category I

Indicate, by ticking the applicable box, the type of financial service (advice / intermediary service) and the subcategory of that service the applicant intends to render in respect of a specific financial product.

No.	Financial Product	Advice		Intermediary service	
		Automated	Non-automated	Scripted execution of sales	All other intermediary services
1.1	Long-term Insurance subcategory A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Short-term Insurance Personal Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Long-term Insurance subcategory B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Long-term Insurance subcategory C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Retail Pension Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Short-term Insurance Commercial Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	Pension Fund Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Money market instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10	Debentures and securitised debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Warrants, certificates or other instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Derivative instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Participatory interests in a collective investment scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Forex Investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16	Health Service Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.17	Long-term Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.18	Short-term Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.19	Friendly Society Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.20	Long-term Insurance subcategory B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.21	Long-term Insurance subcategory B2-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.22	Long-term Insurance subcategory B1-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.23	Short-term Insurance Personal Lines A1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.24	Structured Deposits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.25	Securities and instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.26	Participatory interest in a hedge fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.27	Crypto Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5B Category II

Indicate, by ticking the applicable box, the financial product/s in respect of which the applicant intends to render Category II financial services.

No.	Financial Product	
2.1	Long-term Insurance subcategory B1	<input type="checkbox"/>
2.2	Long-term Insurance subcategory C	<input type="checkbox"/>
2.3	Retail Pension Benefits	<input type="checkbox"/>
2.4	Pension Fund Benefits	<input type="checkbox"/>
2.5	Shares	<input type="checkbox"/>
2.6	Money market instruments	<input type="checkbox"/>
2.7	Debentures and securitised debt	<input type="checkbox"/>
2.8	Warrants, certificates and other instruments	<input type="checkbox"/>
2.9	Bonds	<input type="checkbox"/>
2.10	Derivative instruments	<input type="checkbox"/>
2.11	Participatory Interests in one or more collective investment schemes	<input type="checkbox"/>
2.12	Forex Investment	<input type="checkbox"/>
2.13	Long-term Deposits	<input type="checkbox"/>
2.14	Short-term Deposits	<input type="checkbox"/>
2.15	Long-term Insurance subcategory B2	<input type="checkbox"/>
2.16	Long-term Insurance subcategory B2-A	<input type="checkbox"/>
2.17	Long-term Insurance subcategory B1-A	<input type="checkbox"/>
2.18	Structured Deposits	<input type="checkbox"/>
2.19	Securities and instruments	<input type="checkbox"/>
2.20	Participatory interest in a hedge fund	<input type="checkbox"/>
2.21	Crypto Assets	<input type="checkbox"/>

5C Category IIA

Indicate, by ticking the applicable box, the financial product/s in respect of which the applicant intends to render Category IIA financial services.

No.	Financial Product	
2A.1	Long-term Insurance subcategory B1	<input type="checkbox"/>
2A.2	Long-term Insurance subcategory C	<input type="checkbox"/>
2A.3	Retail Pension Benefits	<input type="checkbox"/>
2A.4	Pension Fund Benefits	<input type="checkbox"/>
2A.5	Shares	<input type="checkbox"/>
2A.6	Money market instruments	<input type="checkbox"/>
2A.7	Debentures and securitised debt	<input type="checkbox"/>
2A.8	Warrants, certificates and other instruments	<input type="checkbox"/>
2A.9	Bonds	<input type="checkbox"/>
2A.10	Derivative instruments	<input type="checkbox"/>
2A.11	Participatory Interests in one or more collective investment schemes	<input type="checkbox"/>
2A.12	Forex Investment	<input type="checkbox"/>
2A.13	Long-term Deposits	<input type="checkbox"/>
2A.14	Short-term Deposits	<input type="checkbox"/>
2A.15	Long-term Insurance subcategory B2	<input type="checkbox"/>
2A.16	Long-term Insurance subcategory B2-A	<input type="checkbox"/>
2A.17	Long-term Insurance subcategory B1-A	<input type="checkbox"/>
2A.18	Structured Deposits	<input type="checkbox"/>
2A.19	Securities and instruments	<input type="checkbox"/>
2A.20	Participatory interest in a hedge fund	<input type="checkbox"/>
2A.21	Crypto Assets	<input type="checkbox"/>

5D Category III

Indicate, by ticking the applicable box, the financial product/s in respect of which the applicant intends to render Category III financial services.

No.	Financial Product	
3.1	Long-term Insurance subcategory B1	<input type="checkbox"/>
3.2	Long-term Insurance subcategory C	<input type="checkbox"/>
3.3	Retail Pension Benefits	<input type="checkbox"/>
3.4	Pension Fund Benefits	<input type="checkbox"/>
3.5	Shares	<input type="checkbox"/>
3.6	Money market instruments	<input type="checkbox"/>
3.7	Debentures and securitised debt	<input type="checkbox"/>
3.8	Warrants, certificates and other instruments	<input type="checkbox"/>
3.9	Bonds	<input type="checkbox"/>
3.10	Derivative instruments	<input type="checkbox"/>
3.11	Participatory Interests in one or more collective investment schemes	<input type="checkbox"/>
3.12	Forex Investment	<input type="checkbox"/>
3.13	Long-term Deposits	<input type="checkbox"/>
3.14	Short-term Deposits	<input type="checkbox"/>
3.15	Long-term Insurance subcategory B2	<input type="checkbox"/>
3.16	Long-term Insurance subcategory B2-A	<input type="checkbox"/>
3.17	Long-term Insurance subcategory B1-A	<input type="checkbox"/>
3.18	Structured Deposits	<input type="checkbox"/>
3.19	Securities and instruments	<input type="checkbox"/>
3.20	Participatory interest in a hedge fund	<input type="checkbox"/>
3.21	Crypto Assets	<input type="checkbox"/>

DIRECTORS, SHAREHOLDERS, PARTNERS, TRUSTEES OR OFFICERS OF APPLICANT

FSP Number	
Applicant Name	

Instructions and notes:

- (a) A passport number will only be accepted where the relevant person is not a South African citizen.
- (b) All applicants, other than an applicant that is a foreign national or registered in a foreign jurisdiction, must complete section 7.
- (c) Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. COMPANY

Section 1 must be completed by an applicant that is a company.

1.1 Provide the following information of all the directors of the applicant:

[Please note that every director of the applicant must complete Form FSP 4B]

Full Name and Surname	Identity/Passport Number	Date Appointed (dd/mm/yyyy)	Executive/Non-Executive Position

1.2 Provide the following information of all the shareholders of the applicant except where the applicant is a public company in which case details must only be provided in respect of those shareholders holding more than 15% of the applicant:

[Please note that it is not required for shareholders to complete Form FSP 4B]

Name	Identity/Passport/Registration Number	Nationality / Country of Registration	Nature of person (natural or legal person)	% shareholding	Date on which this level of shareholding was obtained

4. TRUST

Section 4 must be completed by an applicant that is a trust.

Provide the following information of all the trustees of the applicant:

[Please note that every trustee of the applicant must complete Form FSP 4B]

Full Name and Surname	Identity/Passport Number	Date Appointed

5. UNION

Section 5 must be completed by an applicant that is a union.

Provide the following information of the Secretary General:

Full Name and Surname	Identity/Passport Number	Date Appointed	Nationality

6. AN APPLICANT OTHER THAN A COMPANY, CLOSE CORPORATION, PARTNERSHIP, TRUST OR UNION

Section 6 must be completed by an applicant that is not a company, close corporation, partnership, trust or union.

Provide the following information of the officers of the applicant or in the absence of an officer the persons responsible for the management of the applicant.

Full Name and Surname	Identity/ Passport Number	Role of Person	Date Appointed	Nationality

7. Provide the following information relating to the applicant's B-BBEE status and ownership:

[All applicants, other than an applicant that is a foreign national or registered in a foreign jurisdiction, must complete this section.]

B-BBEE Status: Indicate the B-BBEE status of the applicant	
Indicate whether the applicant is:	100% black owned <input type="checkbox"/>
	Majority black owned <input type="checkbox"/>
	100% black women owned <input type="checkbox"/>
	Majority black women owned <input type="checkbox"/>
	Other <input type="checkbox"/>

FITNESS AND PROPRIETY OF APPLICANT THAT IS NOT A NATURAL PERSON

FSP Number	
Applicant Name	

Instructions and notes:

- (a) This Form must only be completed by an applicant that is not a natural person. An applicant who is a natural person must complete Form FSP 4C.
- (b) Compliance with the requirements of honesty, integrity and good standing by an applicant that is not a natural person must be demonstrated through its corporate behavior and through the personal behavior of the persons who-
- control or govern the applicant; or
 - are members of a body or group of persons which control or govern the applicant.
- (c) This Form must be completed on behalf of the applicant by a natural person who has the required authorisation to do so and who fulfills a role as referred to in (b) above.
- (d) Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Details of person completing this Form on behalf of an applicant that is not a natural person

Only a person that is a member of a body or group of persons which control the applicant may complete this Form

Full Name(s)	
Surname	
Position in applicant	

2. Honesty, integrity and good standing

Answer all the questions below. If the answer to any of the questions is YES, a full explanation and all relevant information must be provided in a separate annexure.

Questions

Has the applicant ever-		Yes	No
1.	been found guilty in any criminal proceedings or liable in any civil proceedings by a court under any law in any jurisdiction of- <ol style="list-style-type: none"> an offence under a law relating to the regulation or supervision of a financial institution as defined in the Financial Institutions (Protection of Funds) Act, 2001 (Act No. 28 of 2001) or a corresponding offence under the law of a foreign country; theft, fraud, forgery, uttering a forged document, perjury or an offence involving dishonesty, breach of fiduciary duty, dishonourable or unprofessional conduct; or an offence under the Prevention of Corruption Act, 1958 (Act No. 6 of 1958), the Corruption Act, 1992 (Act No. 94 of 1992) or Parts 1 to 4, or section 17, 20 or 21, of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004), or a corresponding offence under the law of a foreign country? 	<input type="checkbox"/>	<input type="checkbox"/>
2.	been convicted of any other offence committed after the Constitution of the Republic of South Africa, 1996, took effect, where the penalty imposed for the offence was a significant fine?	<input type="checkbox"/>	<input type="checkbox"/>
3.	accepted civil liability for, or has been the subject of a civil judgment in respect of, theft, fraud, forgery, uttering a forged document, perjury or an any conduct involving dishonesty, breach of fiduciary duty, misrepresentation, or negligent, dishonourable and unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
4.	been the subject of frequent or material preventative, remedial or enforcement actions by the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
5.	been removed from an office of trust for theft, fraud, forgery, uttering a forged document, misrepresentation, dishonesty, breach of fiduciary duty or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
6.	breached a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
7.	has been suspended, dismissed or disqualified from acting as a director, managing executive, public officer, auditor or statutory actuary (or his or her alternate) under any law or any action to achieve one of the aforementioned outcomes has been instituted against the person?	<input type="checkbox"/>	<input type="checkbox"/>
8.	been refused a registration, approval, authorisation or licence to carry out a trade, business or profession, or has had that registration, approval, authorisation or licence suspended, revoked, withdrawn or terminated by a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>

9.	been denied registration or membership of any professional body or has had that registration or membership revoked, withdrawn or terminated by a professional body because of matters relating to honesty, integrity, or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
10.	been disciplined, reprimanded, disqualified, or removed in relation to matters relating to honesty, integrity, incompetence or business conduct by a- (a) professional body; or (b) regulatory authority, or has any action to achieve one of the aforementioned outcomes been instituted against the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
11.	knowingly been untruthful or provided false or misleading information to, or been uncooperative in any dealings with, the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
12.	demonstrated a lack of readiness and willingness to comply with legal, regulatory or professional requirements and standards?	<input type="checkbox"/>	<input type="checkbox"/>
13.	been found to be not fit and proper by the Authority or a regulatory authority in any previous assessments of fitness and propriety?	<input type="checkbox"/>	<input type="checkbox"/>
14.	been or is involved as a director, trustee, member partner, controlling shareholder or managing executive, or is the applicant concerned in the management, of a business that has been- (a) the subject of any matter referred to in questions 1 to 13 above, or (b) placed in liquidation or business rescue; while the applicant has been connected with that organisation?	<input type="checkbox"/>	<input type="checkbox"/>
15.	failed to disclose any information required to be disclosed in terms of the Act?	<input type="checkbox"/>	<input type="checkbox"/>
16.	been prohibited, by the Authority or any other regulatory body or authority from operating in the financial services industry?	<input type="checkbox"/>	<input type="checkbox"/>
17.	been involved with an entity which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory body or authority?	<input type="checkbox"/>	<input type="checkbox"/>
18.	knowingly or negligently aided or abetted other persons in the breaching of any laws, regulations, exchange rules and/or codes of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
19.	been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in the Republic or elsewhere), exchange, professional body, government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
20.	been or is its estate sequestrated or liquidated, either voluntarily or involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>
21.	been subject to or currently is subject to any pending proceedings that may lead to a conviction of any offence or finding of any liability under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
22.	been or currently is subject to any investigation or proceedings or pending proceedings or is the applicant aware of any investigations or proceedings that may commence?	<input type="checkbox"/>	<input type="checkbox"/>
23.	been or currently is subject to any other proceedings that may result in any matter referred to in question 1 to 22?	<input type="checkbox"/>	<input type="checkbox"/>

3. General Disclosure Question

Does the applicant have any additional information, which should be brought to the Authority's attention that may have an impact on the evaluation by the Authority of its honesty, integrity or good standing or that may impact on the applicant's ability to obtain or maintain a licence to act as a financial services provider?
[If the answer to the questions is YES, a full explanation and all relevant information must be provided in a separate annexure.]

Yes No

4. Consent

I, (full name of authorised representative of applicant that is not a natural person/ full name of applicant)

Identity / passport number hereby authorise the **Authority**, and its duly authorised verification agent, to request or confirm any personal information as well as any other information that I have provided in support of the application to any personal data holders (including but not limited to the South African Police Services, the Government of the RSA, industry bodies and associations, employers and any educational, training, credit bureau and fraud prevention organisations) for the purpose of verifying the applicant's credentials and records, as well as any other information necessary for purposes of the application.

Credential verification types include, but are not limited to, educational qualifications, professional membership, employment history, employment references including industry employment registers, consumer credit, criminal records, drivers' licence, and fraud prevention checks.

I authorise the personal data holders (including but not limited to the aforesaid institutions) to furnish information regarding the credentials, whether claimed or not, to the **Authority** and its duly authorised verification agent. I unconditionally indemnify the **Authority**, its verification agent and the personal data holders against any liability that may result from furnishing information in this regard.

.....
Name **Signature** **Date**

FITNESS AND PROPRIETY OF APPLICANT'S DIRECTORS, MEMBERS, TRUSTEES AND PARTNERS

FSP Number	
Applicant Name	

Instructions and notes:

- (a) Every director, member, trustee or partner of an applicant must complete this Form.
- (b) A passport number will only be accepted if the person completing the form is not a South African Citizen.
- (c) Race must only be indicated if the person completing the form is a South African Citizen.
- (d) A copy of the identification document of the person referred to in paragraph 1 (if he/she is a South African citizen) or passport (if he/she is not a South African Citizen) must accompany the application.
- (e) Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Personal Details

Provide the following information:

Title		
Full Name(s)		
Surname		
Previous Surname (If applicable)		
Date of Birth		
Nationality		
Country of residence		
Identity / Passport Number <i>(Passport no. must only be provided if applicant is not a SA citizen)</i>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Race	Black	<input type="checkbox"/>
	White	<input type="checkbox"/>
	Coloured	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Asian	<input type="checkbox"/>
	Other	<input type="checkbox"/> Please specify:
Physical address		
Postal Code		
Postal address		
Postal Code		

Telephone Number	
Mobile Phone Number	
E-mail address	

2. Honesty, integrity and good standing

Answer all the questions below. If the answer to any of the questions is YES, provide a full explanation and all information in a separate annexure and attach to the application form.

Questions

Has the applicant ever- (The reference to applicant in this section refers to the person completing the form, i.e. the director, member, trustee or partner)		Yes	No
1.	<p>been found guilty in any criminal proceedings or liable in any civil proceedings by a court under any law in any jurisdiction of-</p> <p>(a) an offence under a law relating to the regulation or supervision of a financial institution as defined in the Financial Institutions (Protection of Funds) Act, 2001 (Act No. 28 of 2001) or a corresponding offence under the law of a foreign country;</p> <p>(b) theft, fraud, forgery, uttering a forged document, perjury or an offence involving dishonesty, breach of fiduciary duty, dishonourable or unprofessional conduct; or</p> <p>(c) an offence under the Prevention of Corruption Act, 1958 (Act No. 6 of 1958), the Corruption Act, 1992 (Act No. 94 of 1992) or Parts 1 to 4, or section 17, 20 or 21, of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004), or a corresponding offence under the law of a foreign country?</p>	<input type="checkbox"/>	<input type="checkbox"/>
2.	been convicted of any other offence committed after the Constitution of the Republic of South Africa, 1996, took effect, where the penalty imposed for the offence was a significant fine?	<input type="checkbox"/>	<input type="checkbox"/>
3.	accepted civil liability for, or has been the subject of a civil judgment in respect of, theft, fraud, forgery, uttering a forged document, perjury or an any conduct involving dishonesty, breach of fiduciary duty, misrepresentation, or negligent, dishonourable and unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
4.	been the subject of frequent or material preventative, remedial or enforcement actions by the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
5.	been removed from an office of trust for theft, fraud, forgery, uttering a forged document, misrepresentation, dishonesty, breach of fiduciary duty or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
6.	breached a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
7.	been suspended, dismissed or disqualified from acting as a director, managing executive, public officer, auditor or statutory actuary (or his or her alternate) under any law or any action to achieve one of the aforementioned outcomes has been instituted against the person?	<input type="checkbox"/>	<input type="checkbox"/>
8.	been refused a registration, approval, authorisation or licence to carry out a trade, business or profession, or has had that registration, approval, authorisation or licence suspended, revoked, withdrawn or terminated by a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
9.	been denied registration or membership of any professional body or has had that registration or membership revoked, withdrawn or terminated by a professional body because of matters relating to honesty, integrity, or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
10.	<p>been disciplined, reprimanded, disqualified, or removed in relation to matters relating to honesty, integrity, incompetence or business conduct by a-</p> <p>(a) professional body; or</p> <p>(b) regulatory authority,</p> <p>or has any action to achieve one of the aforementioned outcomes been instituted against the applicant?</p>	<input type="checkbox"/>	<input type="checkbox"/>
11.	knowingly been untruthful or provided false or misleading information to, or been uncooperative in any dealings with, the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
12.	demonstrated a lack of readiness and willingness to comply with legal, regulatory or professional requirements and standards?	<input type="checkbox"/>	<input type="checkbox"/>
13.	been found to be not fit and proper by the Authority or a regulatory authority in any previous assessments of fitness and propriety?	<input type="checkbox"/>	<input type="checkbox"/>
14.	<p>been involved or is the applicant involved as a director, trustee, member partner, controlling shareholder or managing executive, or is the applicant concerned in the management, of a business that has been-</p> <p>(a) the subject of any matter referred to in questions 1 to 13 above, or</p> <p>(b) placed in liquidation or business rescue;</p> <p>while the applicant has been connected with that organisation?</p>	<input type="checkbox"/>	<input type="checkbox"/>
15.	failed to disclose any information required to be disclosed in terms of the Act?	<input type="checkbox"/>	<input type="checkbox"/>
16.	been prohibited, by the Authority or any other regulatory body or authority from operating in the financial services industry?	<input type="checkbox"/>	<input type="checkbox"/>
17.	been involved with an entity which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory body or authority?	<input type="checkbox"/>	<input type="checkbox"/>

FITNESS AND PROPRIETY OF APPLICANT THAT IS A NATURAL PERSON

FSP Number	
Applicant Name	

Instructions and notes:

- (a) A passport number will only be accepted if the person completing the form is not a South African Citizen.
- (b) Race must only be indicated if the person completing the form is a South African Citizen.
- (c) A certified copy of the applicant's identification document (if he/she is a South African citizen) or passport (if he/she is not a South African Citizen) must accompany the application.
- (d) Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Honesty, integrity and good standing

Answer all the questions below. If the answer to any of the questions is YES, provide a full explanation and all information in a separate annexure and attach to the application form.

Questions

Has the applicant ever-		Yes	No
1.	been found guilty in any criminal proceedings or liable in any civil proceedings by a court under any law in any jurisdiction of- (a) an offence under a law relating to the regulation or supervision of a financial institution as defined in the Financial Institutions (Protection of Funds) Act, 2001 (Act No. 28 of 2001) or a corresponding offence under the law of a foreign country; (b) theft, fraud, forgery, uttering a forged document, perjury or an offence involving dishonesty, breach of fiduciary duty, dishonourable or unprofessional conduct; or (c) an offence under the Prevention of Corruption Act, 1958 (Act No. 6 of 1958), the Corruption Act, 1992 (Act No. 94 of 1992) or Parts 1 to 4, or section 17, 20 or 21, of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004), or a corresponding offence under the law of a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
2.	been convicted of any other offence committed after the Constitution of the Republic of South Africa, 1996, took effect, where the penalty imposed for the offence was a significant fine?	<input type="checkbox"/>	<input type="checkbox"/>
3.	accepted civil liability for, or has been the subject of a civil judgment in respect of, theft, fraud, forgery, uttering a forged document, perjury or an any conduct involving dishonesty, breach of fiduciary duty, misrepresentation, or negligent, dishonourable and unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
4.	been the subject of frequent or material preventative, remedial or enforcement actions by the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
5.	been removed from an office of trust for theft, fraud, forgery, uttering a forged document, misrepresentation, dishonesty, breach of fiduciary duty or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
6.	breached a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
7.	been suspended, dismissed or disqualified from acting as a director, managing executive, public officer, auditor or statutory actuary (or his or her alternate) under any law or any action to achieve one of the aforementioned outcomes has been instituted against the person?	<input type="checkbox"/>	<input type="checkbox"/>
8.	been refused a registration, approval, authorisation or licence to carry out a trade, business or profession, or has had that registration, approval, authorisation or licence suspended, revoked, withdrawn or terminated by a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
9.	been denied registration or membership of any professional body or has had that registration or membership revoked, withdrawn or terminated by a professional body because of matters relating to honesty, integrity, or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
10.	been disciplined, reprimanded, disqualified, or removed in relation to matters relating to honesty, integrity, incompetence or business conduct by a- (a) professional body; or (b) regulatory authority, or has any action to achieve one of the aforementioned outcomes been instituted against the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
11.	knowingly been untruthful or provided false or misleading information to, or been uncooperative in any dealings with, the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
12.	demonstrated a lack of readiness and willingness to comply with legal, regulatory or professional requirements and standards?	<input type="checkbox"/>	<input type="checkbox"/>
13.	been found to be not fit and proper by the Authority or a regulatory authority in any previous assessments of fitness and propriety?	<input type="checkbox"/>	<input type="checkbox"/>

14.	been involved or is the applicant involved as a director, trustee, member partner, controlling shareholder or managing executive, or is the applicant concerned in the management, of a business that has been- (a) the subject of any matter referred to in questions 1 to 13 above, or (b) placed in liquidation or business rescue; while the applicant has been connected with that organisation?	<input type="checkbox"/>	<input type="checkbox"/>
15.	failed to disclose any information required to be disclosed in terms of the Act?	<input type="checkbox"/>	<input type="checkbox"/>
16.	been prohibited, by the Authority or any other regulatory body or authority from operating in the financial services industry?	<input type="checkbox"/>	<input type="checkbox"/>
17.	been involved with an entity which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory body or authority?	<input type="checkbox"/>	<input type="checkbox"/>
18.	knowingly or negligently aided or abetted other persons in the breaching of any laws, regulations, exchange rules and/or codes of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
19.	been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in the Republic or elsewhere), exchange, professional body, government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
20.	been or is its estate sequestrated or liquidated, either voluntarily or involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>
21.	been or currently is subject to any pending proceedings that may lead to a conviction of any offence or finding of any liability under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
22.	been or currently is subject to any investigation or proceedings or pending proceedings or is the applicant aware of any investigations or proceedings that may commence?	<input type="checkbox"/>	<input type="checkbox"/>
23.	been or currently is subject to any other proceedings that may result in any matter referred to in question 1 to 22?	<input type="checkbox"/>	<input type="checkbox"/>

2. General Disclosure Question

Does the applicant have any additional information, which should be brought to the Authority's attention that may have an impact on the evaluation by the Authority of its honesty, integrity or good standing or that may impact on the applicant's ability to obtain or maintain a license to act as a financial services provider?
[If the answer to the questions is YES, a full explanation and all relevant information must be provided in a separate annexure.]

Yes No

3 Qualifications

Instructions and notes:

- Please refer to the List of Recognised Qualifications to determine whether the qualifications listed under this section are recognised. If the qualifications are not recognised you must, **prior** to submitting this application, apply in the prescribed form and manner to the Authority for recognition of the qualification.
- If the qualification is recognised, indicate under 'Qualification Code' in column three of the Table the qualification Code as reflected on the List of Recognised Qualifications.
- Attach certified copies of the qualifications.

Provide the following information:

No	Qualification code	Qualification Type	Year obtained

4. Regulatory Examinations

Indicate which of the following regulatory examinations have been completed.

RE 1 <input type="checkbox"/>	RE 3 <input type="checkbox"/>
RE 4 <input type="checkbox"/>	RE 5 <input type="checkbox"/>

5. Class of Business Training

Indicate the class of business training that has been completed and attach certified copies of the certificates.

Class of business	Training completed
Short-term Insurance: Personal Lines	<input type="checkbox"/>
Short-term Insurance: Commercial Lines	<input type="checkbox"/>
Long-term Insurance	<input type="checkbox"/>
Pension Fund Benefits	<input type="checkbox"/>
Short-term and Long-term Deposits	<input type="checkbox"/>
Structured Deposits	<input type="checkbox"/>
Investments	<input type="checkbox"/>
Forex Investments	<input type="checkbox"/>
Health Services Benefits	<input type="checkbox"/>

6. EXPERIENCE**Instructions and notes:**

1. All positions held since inception of the applicant's career must be listed hereunder.
2. Full details of the applicant's responsibilities/functions for every position held in the **last five years** and on which the applicant relies to demonstrate compliance with the experience requirements must be provided in a separate annexure.
3. Attach a copy of the applicant's CV.

6.1 Provide the following information regarding the applicant's work experience:

No	Date of Employment (dd/mm/yy – dd/mm/yy)	Employer	Position Held

6.2. Provide-

- (a) reference letters from appropriate senior officials that confirm the particular experience obtained by the applicant and his/her employment history. Reference letters must be provided for all experience on which the applicant relies to demonstrate compliance with the relevant experience requirement; and
- (b) the following information:

No.	Name of Person providing reference	Company Employed	Designation

6.3. Indicate in the relevant Tables hereunder the information regarding the applicant's experience obtained in the rendering of financial services in respect of each Category and financial product per Category in respect of which authorisation is sought.

Instructions and Notes:

(a) *The months of experience indicated under this subsection must be supported by a reference letter as referred to in section 6.2.*

TABLE A - CATEGORY I

No	Category		Months Experience – Advice		Months experience – Intermediary Services
1.1	Long-term Insurance subcategory A	<input type="checkbox"/>		<input type="checkbox"/>	
1.2	Short-term Insurance Personal Lines	<input type="checkbox"/>		<input type="checkbox"/>	
1.3	Long-term Insurance subcategory B1	<input type="checkbox"/>		<input type="checkbox"/>	
1.4	Long-term Insurance subcategory C	<input type="checkbox"/>		<input type="checkbox"/>	
1.5	Retail Pension Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
1.6	Short-term Insurance Commercial Lines	<input type="checkbox"/>		<input type="checkbox"/>	
1.7	Pension Fund Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
1.8	Shares	<input type="checkbox"/>		<input type="checkbox"/>	
1.9	Money-market instruments	<input type="checkbox"/>		<input type="checkbox"/>	
1.10	Debentures and securitised debt	<input type="checkbox"/>		<input type="checkbox"/>	
1.11	Warrants, certificates or other instruments	<input type="checkbox"/>		<input type="checkbox"/>	
1.12	Bonds	<input type="checkbox"/>		<input type="checkbox"/>	
1.13	Derivative instruments	<input type="checkbox"/>		<input type="checkbox"/>	
1.14	Participatory interest in one or more collective investment schemes	<input type="checkbox"/>		<input type="checkbox"/>	
1.15	Forex Investment	<input type="checkbox"/>		<input type="checkbox"/>	
1.16	Health Service Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
1.17	Long-term Deposits	<input type="checkbox"/>		<input type="checkbox"/>	
1.18	Short-term Deposits	<input type="checkbox"/>		<input type="checkbox"/>	
1.19	Friendly Society Benefits	<input type="checkbox"/>		<input type="checkbox"/>	
1.20	Long-term Insurance subcategory B2	<input type="checkbox"/>		<input type="checkbox"/>	
1.21	Long-term Insurance subcategory B2-A	<input type="checkbox"/>		<input type="checkbox"/>	
1.22	Long-term Insurance subcategory B1-A	<input type="checkbox"/>		<input type="checkbox"/>	
1.23	Short-term Insurance Personal Lines A1	<input type="checkbox"/>		<input type="checkbox"/>	
1.24	Structured Deposits	<input type="checkbox"/>		<input type="checkbox"/>	
1.25	Securities and instruments	<input type="checkbox"/>		<input type="checkbox"/>	
1.26	Participatory interest in a hedge fund	<input type="checkbox"/>		<input type="checkbox"/>	
1.27	Crypto Assets	<input type="checkbox"/>		<input type="checkbox"/>	

TABLE B - CATEGORY II

No	Category		Months Experience
2.1	Long-term Insurance subcategory B1	<input type="checkbox"/>	
2.2	Long-term Insurance subcategory C	<input type="checkbox"/>	
2.3	Retail Pension Benefits	<input type="checkbox"/>	
2.4	Pension Fund Benefits	<input type="checkbox"/>	
2.5	Shares	<input type="checkbox"/>	
2.6	Money market instruments	<input type="checkbox"/>	
2.7	Debentures and securitised debt	<input type="checkbox"/>	
2.8	Warrants, certificates and other instruments	<input type="checkbox"/>	
2.9	Bonds	<input type="checkbox"/>	
2.10	Derivative instruments	<input type="checkbox"/>	
2.11	Participatory Interests in one or more collective investment schemes	<input type="checkbox"/>	
2.12	Forex Investment	<input type="checkbox"/>	
2.13	Long-term Deposits	<input type="checkbox"/>	
2.14	Short-term Deposits	<input type="checkbox"/>	
2.15	Long-term Insurance subcategory B2	<input type="checkbox"/>	
2.16	Long-term Insurance subcategory B2-A	<input type="checkbox"/>	
2.17	Long-term Insurance subcategory B1-A	<input type="checkbox"/>	
2.18	Structured Deposits	<input type="checkbox"/>	
2.19	Securities and instruments	<input type="checkbox"/>	
2.20	Participatory interest in a hedge fund	<input type="checkbox"/>	
2.21	Crypto Assets	<input type="checkbox"/>	

TABLE C - CATEGORY IIA

No	Category		Months Experience
2A	Category IIA	<input type="checkbox"/>	

TABLE D - CATEGORY III

No	Category		Months Experience
3	Category IV	<input type="checkbox"/>	

TABLE E - CATEGORY IV

No	Category		Months Experience
4	Category IV – Assistance Business FSP	<input type="checkbox"/>	

FITNESS AND PROPRIETY OF KEY INDIVIDUALS

FSP Number	
Applicant Name	

Instructions and notes:

- Form FSP 4D must be completed by all key individuals of an applicant.
- A passport number will only be accepted if the person completing the form is not a South African Citizen.
- Race must only be indicated if the person completing the form is a South African Citizen.
- A certified copy of the key individual's identification document (if he/she is a South African citizen) or passport (if he/she is not a South African Citizen) must accompany the application.
- Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Personal Details of key individual
Important Note:

- (a) *The Authority will liaise with the key individual regarding all matters concerning the key individual, and its approval, including the maintenance of its approval, in the event that approval is granted,–*
- (i) *via electronic mail using the e-mail address of the key individual recorded hereunder; or*
- (ii) *via the designated contact person of the applicant.*
- (b) *Any requirement in a financial sector law that any notice or information must be provided to the key individual, will be regarded as effective service of such notice or information if it was submitted to the key individual in accordance with paragraph (a).*

Provide the following information:

Title		
Full Names		
Surname		
Previous Surname (If applicable)		
Date of Birth		
Identity / Passport Number (Passport no. must only be provided if applicant is not a South African citizen)		
Nationality		
Country of residence		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Race	Black	<input type="checkbox"/>
	White	<input type="checkbox"/>
	Coloured	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Asian	<input type="checkbox"/>
	Other	<input type="checkbox"/> Please specify:
Physical address		

5. Crypto Assets

Indicate whether the key individual will manage or oversee, either alone or together with other so responsible persons, the activities of the FSP relating to the rendering of any financial services in respect of crypto assets.

Yes No

6. Honesty, integrity and good standing

Answer all the questions below. If the answer to any of the questions is YES, provide a full explanation and all information in a separate annexure and attach to the application form.

Questions

Has the applicant ever- (The reference to applicant in this section refers to the person seeking approval as a key individual)		Yes	No
1.	been found guilty in any criminal proceedings or liable in any civil proceedings by a court under any law in any jurisdiction of- (a) an offence under a law relating to the regulation or supervision of a financial institution as defined in the Financial Institutions (Protection of Funds) Act, 2001 (Act No. 28 of 2001) or a corresponding offence under the law of a foreign country; (b) theft, fraud, forgery, uttering a forged document, perjury or an offence involving dishonesty, breach of fiduciary duty, dishonourable or unprofessional conduct; or (c) an offence under the Prevention of Corruption Act, 1958 (Act No. 6 of 1958), the Corruption Act, 1992 (Act No. 94 of 1992) or Parts 1 to 4, or section 17, 20 or 21, of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004), or a corresponding offence under the law of a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
2.	been convicted of any other offence committed after the Constitution of the Republic of South Africa, 1996, took effect, where the penalty imposed for the offence was a significant fine?	<input type="checkbox"/>	<input type="checkbox"/>
3.	accepted civil liability for, or has been the subject of a civil judgment in respect of, theft, fraud, forgery, uttering a forged document, perjury or an any conduct involving dishonesty, breach of fiduciary duty, misrepresentation, or negligent, dishonourable and unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
4.	been the subject of frequent or material preventative, remedial or enforcement actions by the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
5.	been removed from an office of trust for theft, fraud, forgery, uttering a forged document, misrepresentation, dishonesty, breach of fiduciary duty or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
6.	breached a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
7.	been suspended, dismissed or disqualified from acting as a director, managing executive, public officer, auditor or statutory actuary (or his or her alternate) under any law or any action to achieve one of the aforementioned outcomes has been instituted against the person?	<input type="checkbox"/>	<input type="checkbox"/>
8.	been refused a registration, approval, authorisation or licence to carry out a trade, business or profession, or has had that registration, approval, authorisation or licence suspended, revoked, withdrawn or terminated by a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
9.	been denied registration or membership of any professional body or has had that registration or membership revoked, withdrawn or terminated by a professional body because of matters relating to honesty, integrity, or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
10.	been disciplined, reprimanded, disqualified, or removed in relation to matters relating to honesty, integrity, incompetence or business conduct by a- (a) professional body; or (b) regulatory authority, or has any action to achieve one of the aforementioned outcomes been instituted against the applicant?	<input type="checkbox"/>	<input type="checkbox"/>
11.	knowingly been untruthful or provided false or misleading information to, or been uncooperative in any dealings with, the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
12.	demonstrated a lack of readiness and willingness to comply with legal, regulatory or professional requirements and standards?	<input type="checkbox"/>	<input type="checkbox"/>
13.	been found to be not fit and proper by the Authority or a regulatory authority in any previous assessments of fitness and propriety?	<input type="checkbox"/>	<input type="checkbox"/>
14.	been involved or is the applicant involved as a director, trustee, member partner, controlling shareholder or managing executive, or is the applicant concerned in the management, of a business that has been- (a) the subject of any matter referred to in questions 1 to 13 above, or (b) placed in liquidation or business rescue; while the applicant has been connected with that organisation?	<input type="checkbox"/>	<input type="checkbox"/>
15.	failed to disclose any information required to be disclosed in terms of the Act?	<input type="checkbox"/>	<input type="checkbox"/>
16.	been prohibited, by the Authority or any other regulatory body or authority from operating in the financial services industry?	<input type="checkbox"/>	<input type="checkbox"/>
17.	been involved with an entity which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory body or authority?	<input type="checkbox"/>	<input type="checkbox"/>

18.	knowingly or negligently aided or abetted other persons in the breaching of any laws, regulations, exchange rules and/or codes of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
19.	been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in the Republic or elsewhere), exchange, professional body, government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
20.	been or is its estate sequestrated or liquidated, either voluntarily or involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>
21.	been or currently is subject to any pending proceedings that may lead to a conviction of any offence or finding of any liability under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
22.	been or currently is subject to any investigation or proceedings or pending proceedings or is the applicant aware of any investigations or proceedings that may commence?	<input type="checkbox"/>	<input type="checkbox"/>
23.	been or currently is subject to any other proceedings that may result in any matter referred to in question 1 to 22?	<input type="checkbox"/>	<input type="checkbox"/>

7. General Disclosure Question

Do you have any additional information, which should be brought to the Authority's attention that may have an impact on the evaluation by the Authority of your honesty, integrity or good standing or that may impact on your ability to obtain or maintain an approval to act as a key individual?
[If the answer to the questions is YES, a full explanation and all relevant information must be provided in a separate annexure.]

Yes No

8. Qualifications

Instructions and notes:

- Please refer to the List of Recognised Qualifications to determine whether the qualifications listed under this section are recognised. If the qualifications are not recognised you must, **prior** to submitting this application, apply in the prescribed form and manner to the Authority for recognition of the qualification.
- If the qualification is recognised, indicate under 'Qualification Code' in column three of the Table the qualification Code as reflected on the List of Recognised Qualifications.
- Attach certified copies of the qualifications.

Provide the following information:

No	Qualification code	Qualification Type	Year obtained

9. Regulatory Examinations

Indicate which of the following regulatory examinations have been completed.

RE 1 <input type="checkbox"/>	RE 3 <input type="checkbox"/>
RE 4 <input type="checkbox"/>	RE 5 <input type="checkbox"/>

10. Class of Business Training

Indicate the class of business training that has been completed and attach certified copies of the certificates.

Class of business	Training completed
Short-term Insurance: Personal Lines	<input type="checkbox"/>
Short-term Insurance: Commercial Lines	<input type="checkbox"/>
Long-term Insurance	<input type="checkbox"/>

Pension Fund Benefits	<input type="checkbox"/>
Short-term and Long-term Deposits	<input type="checkbox"/>
Structured Deposits	<input type="checkbox"/>
Investments	<input type="checkbox"/>
Forex Investments	<input type="checkbox"/>
Health Services Benefits	<input type="checkbox"/>

11. Experience

Instructions and notes:

1. All positions held since inception of the person's career must be listed hereunder.
2. Full details of the person's responsibilities/functions for every position held in the **last five years** and on which the person relies to demonstrate compliance with the experience requirements must be provided in a separate annexure.
3. Attach a copy of the person's CV.

11.1 Provide the following information regarding the person's work experience:

No	Date of Employment (dd/mm/yy – dd/mm/yy)	Employer	Position Held

11.2. Provide-

- (a) reference letters from appropriate senior officials that confirm the particular experience obtained by the person and which experience it relies on for purposes of the approval sought . Reference letters must be provided for all experience on which the person relies to demonstrate compliance with the relevant experience requirement; and
- (b) the following information:

No.	Name of Person providing reference	Company Employed	Designation

11.3. Indicate the person's experience in the management or oversight of the rendering of particular financial services in respect of the particular Category in terms of which approval is sought.

[Important note: Only current experience must be reflected and not experience that has lapsed.]

Category of Financial Services	Months Experience	
	Intermediary Services	Advice
Category I <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Category II <input type="checkbox"/>		
Category IIA <input type="checkbox"/>		

Category III	<input type="checkbox"/>	
Category IV	<input type="checkbox"/>	

12. General Skills and Knowledge Requirement

Demonstrate whether the applicant has adequate, appropriate and relevant skills, knowledge and expertise (general competence requirement) to perform the function as a key individual in respect of crypto assets as required in terms of the fit and proper requirements determined under section 6A of the Act.

(Note: This section must only be completed if the answer to question 5 is yes.)

13. Operational Ability of Key Individuals

Provide the following information:

No.	Question	Yes	No
1.	Are you able to maintain the operational ability to fulfil the responsibilities imposed by the Act?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you permanently employed by the FSP in respect of which approval is sought?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you approved as a key individual of more than one FSP or juristic representative	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you appointed as a representative of an FSP other than the FSP in respect of which this application is sought?	<input type="checkbox"/>	<input type="checkbox"/>
5.	If the answer to question 3 and/or 4 is yes, please indicate whether the FSPs are aware that you – (a) are approved as a key individual or seek approval as a key individual of more than one FSP or juristic representative; and/or (b) are appointed or seek appointment as a representative of another FSP.	<input type="checkbox"/>	<input type="checkbox"/>
6.	If the answer to question 3 and/or 4 is yes, provide a matrix reflecting the- (a) number of FSPs per category; (b) juristic representatives per Category of FSP; (c) number of representatives per Category of FSP; and (d) number of business premises, business units and branches per province (including internationally) and per FSP and representative referred to in (a), (b) and (c), that you manage or oversee and that you intend to manage or oversee.		
7.	If the answer to question 2 is no or the answer to question 3 or 4 is yes, please demonstrate to the Authority that you have the operational ability to fulfil your functions.		
8.	Confirmation signed by both the FSP in respect of which approval is sought and the person seeking approval as key individual that he/she has the ability, capacity and required decision making powers to actively and effectively manage or oversee the activities of the FSP relating to the rendering of financial services.		

14. Representative

Indicate whether the key individual will also be appointed as a representative of the applicant in respect of which approval is sought.

If yes, a separate form FSP 5 must also be attached.

Yes No

15. Consent

I, (full name of applicant)

Identity / passport number hereby authorise the **Authority**, and its duly authorised verification agent, to request or confirm any personal information as well as any other information that I have provided in support of the application to any personal data holders (including but not limited to the South African Police Services, the Government of the RSA, industry bodies and associations, employers and any educational, training, credit bureau and fraud prevention organisations) for the purpose of verifying my personal credentials and records, as well as other information necessary for purposes of the application.

Credential verification types include, but are not limited to, educational qualifications, professional membership, employment history, employment references including industry employment registers, consumer credit, criminal records, drivers' licence, and fraud prevention checks.

I authorise the personal data holders (including but not limited to the aforesaid institutions) to furnish information regarding the credentials, whether claimed or not, to the **Authority** and its duly authorised verification agent. I unconditionally indemnify the **Authority**, its verification agent and the personal data holders against any liability that may result from furnishing information in this regard.

.....
Name

.....
Signature

.....
Date

REPRESENTATIVES

FSP Number	
Applicant Name	

Instructions and Notes:

1. The applicant / FSP must complete this Form for every appointed representative.
2. A passport number will only be accepted if the representative is not a South African Citizen.
3. A certified copy of the representative's identification document (if he/she is a South African citizen) or passport (if he/she is not a South African Citizen) must accompany the application.
4. Race must only be indicated if the representative is a South African Citizen.
5. Persons that render financial services and who are employed by juristic representatives must be appointed as representatives of the FSP.
6. Any change to the information provided in this form (including a change to status of person working under supervision) must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Declaration by FSP	Yes	No
Has the FSP satisfied itself that the representative complies with all the fit and proper requirements as determined by the Authority in terms of section 6A of the Act?	<input type="checkbox"/>	<input type="checkbox"/>

2. Form of representative						
1.1 Indicate the applicable form of the representative						
Natural person <input type="checkbox"/>	Partnership <input type="checkbox"/>	Trust <input type="checkbox"/>	Close Corporation <input type="checkbox"/>	Company <input type="checkbox"/>	Union <input type="checkbox"/>	Other <input type="checkbox"/>
1.2 Specify type of or describe person if form of representative is indicated as "other".						

3. Automated advice		
Indicate whether the representative intends to render automated advice.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Personal details of representative who is a natural person	
Provide the following details of the representative: <i>[This section must only be completed for a representatives that is a natural person]</i>	
Title	
Full Names	
Surname	
Previous Surname (If applicable)	
Date of Birth	
Identity / Passport Number <i>(Passport no. must only be provided if applicant is not a South African citizen)</i>	
Nationality	
Country of residence	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Race:	Black	<input type="checkbox"/>
	White	<input type="checkbox"/>
	Coloured	<input type="checkbox"/>
	Indian	<input type="checkbox"/>
	Asian	<input type="checkbox"/>
	Other	<input type="checkbox"/> Please specify:
Representative's physical address (may not be that of the FSP)		
Postal Code		
Cell phone number of representative (may not be that of the FSP)		
E-mail address of representative (may not be that of the FSP)		

5. Details of juristic representatives

[This section must only be completed for representatives who are not natural persons.]

Provide the following details of the representative:

Name		
Country of registration		
Registration / Reference number		
Type of person		
Description of person		
Physical address		
Postal Code		
B-BBEE Status of representative		
Indicate whether the representative is:	100% black owned	<input type="checkbox"/>
	Majority black owned	<input type="checkbox"/>
	100% black women owned	<input type="checkbox"/>
	Majority black women owned	<input type="checkbox"/>
	Other	<input type="checkbox"/>

6. Details of key individual of a juristic representative

6.1 Provide the following details of the key individual of the representative:

[This section must only be completed for representatives who are not natural persons.]

Full name(s)	
Surname	

Identity / Passport Number	
Date of Appointment	

6.2 Indicate the categories of financial services that the key individual will be managing or overseeing

Category I	<input type="checkbox"/>	Category II	<input type="checkbox"/>
Category IIA	<input type="checkbox"/>	Category III	<input type="checkbox"/>
Category IV	<input type="checkbox"/>		

6.3 Indicate the class of business in respect of the category of financial service the key individual will manage or oversee.

Class of business	Category I	Category II	Category IIA	Category III	Category IV
Short-term Insurance: Personal Lines <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Insurance: Commercial Lines <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Insurance <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension Fund Benefits <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term and Long-term Deposits <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured Deposits <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forex Investments <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services Benefits <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Categories of financial services and financial products**Indicate-**

- (a) in the Tables hereunder the date on which the representative was appointed by the FSP to render financial services (advice / intermediary service) and the financial products in respect of which those services may be rendered;
- (b) whether the representative will be rendering scripted execution of sales and/or intermediary services that are not scripted execution of sales in respect of a particular product - the appointment date for each must be reflected; and
- (c) where applicable, the date on which the person commenced rendering financial services under supervision in respect of a particular financial product on behalf of the FSP.

TABLE A - Category I

No	Financial products	Advice (dd/mm/yyyy)	Intermediary Services		Services under Supervision	
			Scripted Execution of Sales (dd/mm/yyyy)	Other (dd/mm/yyyy)	Date of Commencement (dd/mm/yyyy)	Date of Completion (dd/mm/yyyy)
1.1	Long-term Insurance subcategory A					
1.2	Short-term Insurance Personal Lines					
1.3	Long-term Insurance subcategory B1					
1.4	Long-term Insurance subcategory C					
1.5	Retail Pension Benefits					
1.6	Short-term Insurance Commercial Lines					
1.7	Pension Fund Benefits					
1.8	Shares					

1.9	Money-market instruments				
1.10	Debentures and securitised debt				
1.11	Warrants, certificates or other instruments				
1.12	Bonds				
1.13	Derivative instruments				
1.14	Participatory interest in one or more collective investment schemes				
1.15	Forex Investment				
1.16	Health Service Benefits				
1.17	Long-term Deposits				
1.18	Short-term Deposits				
1.19	Friendly Society Benefits				
1.20	Long-term Insurance subcategory B2				
1.21	Long-term Insurance subcategory B2-A				
1.22	Long-term Insurance subcategory B1-A				
1.23	Short-term Insurance Personal Lines A1				
1.24	Structured Deposits				
1.25	Securities and instruments				
1.26	Participatory interest in a hedge fund				
1.27	Crypto Assets				

If the representative has been appointed for the financial product: Health Service Benefits (1.16), provide the representative's accreditation number allocated to it by the Council for Medical Schemes:

TABLE B - Category II

No	Category and subcategory	Date of appointment (dd/mm/yyyy)	Services under supervision	
			Date of Commencement (dd/mm/yyyy)	Date of Completion (dd/mm/yyyy)
2.1.	Long-term Insurance subcategory B1			
2.2	Long-term Insurance subcategory C			
2.3	Retail Pension Benefits			
2.4	Pension Fund Benefits			
2.5	Shares			
2.6	Money market instruments			
2.7	Debentures and securitised debt			
2.8	Warrants, certificates and other instruments			
2.9	Bonds			
2.10	Derivative instruments			
2.11	Participatory Interests in one or more collective investment schemes			

2.12	Forex Investment			
2.13	Long-term Deposits			
2.14	Short-term Deposits			
2.15	Long-term Insurance subcategory B2			
2.16	Long-term Insurance subcategory B2-A			
2.17	Long-term Insurance subcategory B1-A			
2.18	Structured Deposits			
2.19	Securities and instruments			
2.20	Participatory interest in a hedge fund			
2.21	Crypto Assets			

TABLE C - Category IIA

No	Category	Date of appointment (dd/mm/yyyy)	Services under supervision	
			Date of Commencement (dd/mm/yyyy)	Date of Completion (dd/mm/yyyy)
2A	Category IIA			

TABLE D - Category III

No	Category	Date of appointment (dd/mm/yyyy)	Services under supervision	
			Date of Commencement (dd/mm/yyyy)	Date of Completion (dd/mm/yyyy)
3	Category III			

TABLE E - Category IV

No	Category	Date of appointment (dd/mm/yyyy)	Services under supervision	
			Date of Commencement (dd/mm/yyyy)	Date of Completion (dd/mm/yyyy)
4	Category IV – Assistance Business FSP			

8. Recognised qualifications

Provide the following information in respect of the representative's recognised qualification:

No	Qualification code	Qualification	Year obtained

9. Regulatory Examinations

Indicate which of the following regulatory examinations have been completed.

RE 1 <input type="checkbox"/>	RE 3 <input type="checkbox"/>
RE 4 <input type="checkbox"/>	RE 5 <input type="checkbox"/>

10. General Skills and Knowledge Requirement

Demonstrate whether the representative has adequate, appropriate and relevant skills, knowledge and expertise (general competence requirement) to render financial services (advice / intermediary service) in respect of crypto assets as required in terms of the fit and proper requirements determined under section 6A of the Act.

(Note: This section must only be completed if the applicant will be rendering financial services in respect of crypto assets.)

COMPLIANCE OFFICER FOR FSP – PHASE 2 APPROVAL

FSP Number	
Applicant Name	

Instructions and notes:

1. A compliance officer must have Phase 1 approval prior to an FSP being able to seek approval for the appointment of that person as its compliance officer.
2. Only section 1 of this form must be completed if the answer to the question is indicated as a "No".
3. A passport number will only be accepted if the compliance officer is not a South African Citizen.
4. A certified copy of the compliance officer's identification document (if he/she is a South African citizen) or passport (if he/she is not a South African Citizen) must accompany the application.
5. Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.
6. The compliance officer must ensure that the information (including the contact details) provided to the Authority for purposes of its Phase 1 approval is up to date.

1. Compliance officer requirement

Is the applicant required to have a compliance officer?

[See section 17 of the Act]

Yes No

2. Internal / External compliance officer

Indicate whether the compliance officer is an internal or external compliance officer.

Note:

An **internal compliance officer** is a natural person in the permanent employ of a financial services provider and that renders compliance services in respect of that particular provider or another financial services provider that is a subsidiary, holding company or subsidiary of the holding company, of the first mentioned provider.

An **external compliance officer** means a compliance officer other than an internal compliance officer and includes a compliance practice.

Internal

External

1.1. Provide the following information if compliance officer is an internal compliance officer:

Name of internal compliance officer

Phase 1 approval number

ID/Passport number

2.2. If compliance officer is an external compliance officer, indicate the type of external compliance officer:

Natural Person (other than a natural person appointed by a compliance practice) - (complete section 2.2.1)

Compliance Practice (complete section 2.2.2)

2.2.1. Natural person

Name of compliance officer

Phase 1 approval number

ID/Passport number

2.2.2. Compliance practice

Name of compliance practice	
Phase 1 approval number	
Registration number of compliance practice	
Name of natural person appointed by the compliance practice to render compliance services to the FSP	
Phase 1 approval number of such natural person	
ID/Passport number	

3. Rendering of compliance services under supervision**3.1 Will the compliance officer be rendering compliance services under supervision?**

This section must only be completed by a person rendering compliance services under supervision. Attach confirmation from the supervisor that he/she has the required operational ability to supervise the rendering of compliance services to the FSP by the compliance officer acting under supervision.

Yes No

If yes, is the supervisor co-appointed as a compliance officer of the FSP?

Yes

No

If yes, provide a copy of the supervision agreement.

3.2. Details of Supervisor

Name of compliance officer acting as supervisor	
Phase 1 approval number of supervisor	
ID/Passport number of supervisor	

4 Additional information relating to independence, competency and operational ability

The following information must be provided in a separate document attached as an annexure to the application form and must be signed and dated by the compliance officer:

(The information must be submitted, in the case of a compliance practice and natural person appointed by the compliance practice, in respect of both the practice and natural person.)

- (a) Confirmation that the compliance officer has adequate resources to ensure the efficient rendering of compliance services. The confirmation must be accompanied with a matrix reflecting-
- the number of FSPs categorised according to the category of FSP;
 - the size of the FSP (having cognisance of the number of business premises, business units and branches of the FSP);
 - the number of representatives allocated to the compliance officer;
 - the number of monitoring visits that must be conducted on the FSP and its representatives; and
 - the number of reports and intervals in which such reports must be provided.
- (b) Confirmation from the FSP that the compliance officer has direct access to and demonstrable support from the senior management of the FSP.
- (c) Details of how the compliance officer will ensure that he/she will function independently and objectively from the FSP.
- (d) Details of how the compliance officer will avoid conflicts of interest in the rendering of compliance services to the FSP.
- (e) Details on the compliance officer's monitoring plan for the FSP and its representatives, including but not limited to the frequency of monitoring visits, training and other services that will be provided.
- (f) If the compliance function is performed by an internal compliance officer, details of the compliance function and organisational structure of the business including details relating to any delegation of compliance services to another person.

5 Declaration by compliance officer

The compliance officer must complete the following declaration:

I.....name of compliance officer) confirm that I have the required operational ability to conduct regular reviews of financial services rendered by the FSP and its representatives, am able to keep and maintain records, am able to assist the FSP in the compilation of a compliance risk management strategy, and that I am able to function independently and objectively from the FSP and that I will avoid conflict of interests in the rendering of compliance services to the FSP.

Signature of compliance officer

Date

OPERATIONAL ABILITY

FSP Number	
Applicant name	

Instructions and notes:

- (a) Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. General

[Please note that the operational ability requirements include requirements relating to automated advice, outsourcing, appointment of representatives and key individuals.]

1.1 Indicate whether the applicant has familiarised itself with the operational ability requirements determined by the Authority under section 6A of the Act.

Yes No

1.2 Indicate whether the applicant has the operational ability to effectively function as a particular category of FSP and to render the financial services in relation to the financial product for which the applicant seeks authorisation.

Yes No

1.3 Indicate whether the applicant meets all the operational ability requirements determined by the Authority under section 6A of the Act.

Yes No

1.4 Provide the following information and/or documentation having regard to the nature, scale and complexity of the applicant's business:

[The documents and/or information must provide sufficient detail to demonstrate the applicant's compliance with all the requirements referred to in subsection 1.3. The policies and plans referred to below can be combined in one or more document, plan or policy.]

- (a) Business plan;
[At least a 3 year plan that includes but is not limited to the following: an outline of the type and scale of the proposed business activities, future development plans and target market.]
- (b) Risk management policy;
[The policy, inter alia, must address the identification, assessment, prioritisation and reporting of the applicant's risks, the controlling and monitoring of risks and the mitigation and contingency plans to respond to the probability and/or impact of risks and unforeseen events on the applicant's business.]
- (c) Governance structures;
[Describe the governance structures that the applicant has put in place to support an effective governance framework.]
- (d) Remuneration policies;
[The policy, inter alia, must support sound and sustainable practices which promote the alignment of interests of the applicant with those of its clients and which avoid excessive risk taking and unfair treatment of clients.]
- (e) Resolution plan;
[The policy, inter alia, must describe the applicant's strategy for rapid and orderly resolution of its business in the event of a failure]
- (f) Financial recovery plan;
[The plan, inter alia, must provide for the processes, procedures and strategy the applicant intends to follow to restore its financial situation following a significant deterioration]
- (g) Disaster recovery plan;
[The plan, inter alia, must describe the processes or procedures to recover and protect business operations (i.e. every business subsystem and operation) in the event of a disaster i.e. the abrupt disruption of all or part of the applicant's business operations.]
- (h) Compliance management framework;
[Describe the applicant's intended compliance management framework.]
- (i) Business continuity policy;
[The plan, inter alia, must demonstrate processes that are devised to cater for exceptional risks that, though unlikely, would have catastrophic consequences, for the business of the applicant. It can cover a range of situations including, succession planning, the death of a key person, crisis events that threaten to shut down business operations or any other financial situation or unexpected event that threatens to destroy the business of the applicant.]
- (j) Conflict of interest management policy;
- (k) Complaints management framework; and
[Describe the applicant's intended complaints management framework.]
- (l) Any other policies or procedures that demonstrate compliance with the operational ability requirements;

The following additional documents must only be submitted by an applicant that intends to provide automated advice:

- (m) A copy of the policies and a description of the resources and the procedures and processes that will be implemented to meet the operational ability requirements applicable to automated advice.

2. Outsourcing

2.1 Does the applicant outsource any activity to another person other than a representative?
 Yes No

2.2 If the answer to section 2.1 is yes-

(a) list below the regulated activities that are or will be outsourced and the persons to whom it is or will be outsourced.
[A regulated activity is an activity that constitutes the furnishing of advice or the rendering of an intermediary service.]

Outsourced Regulated Activity	Name and FSP No. of person to whom activity is or will be outsourced

(b) list below the non-regulated activities that are material to the business that are or will be outsourced and the persons to whom it is or will be outsourced.
[A non-regulated activity is an activity that does not constitute the furnishing of advice or the rendering of an intermediary service.]

Outsourced Non-regulated Activity	Name of person to whom activity is or will be outsourced

2.3 Describe in a separate annexure to be attached to the application, how the applicant intends to supervise and manage the outsourced activities and the risks associated with the outsourced activities, and indicate whether the applicant has entered into outsourced agreements with the persons to whom the activities were outsourced.

3. Mandate requirements for Category II, IIA and III FSP applicants
[This section must only be completed by applicants seeking approval as Category II, IIA and III FSPs]

3.1 Indicate whether the applicant has more than one specimen mandate.
 Yes No

3.2 A Category III applicant must indicate whether it has a combination of a specimen mandate and written terms or guides of business.
 Yes No

3.2 Attach all specimen mandates and written terms or guides of business that require the Authority's approval.
[Please note that the approved specimen mandate, written terms or guides of business, may not substantially be amended without the prior written approval of the Authority.]

4. Nominee requirements for Category II, IIA and III FSP applicants

4.1 Indicate whether the applicant intends to use a nominee company in whose name client assets will be registered.
 Yes No
(a) If no, please explain why not in a separate attachment.
(b) If yes, please complete Form FSP 10.

4.2 Does the applicant have processes and procedures to ensure the proper reconciliation of client investments between the records of the applicant and that of the nominee? If yes, describe in a separate attachment the process and procedures that is or will be implemented.
 Yes No

5. Additional requirements for Category IIA FSP applicants*[This section must only be completed by applicants seeking approval as Category IIA FSPs]***5.1 Is the valuation process of the applicant audited?**Yes No

If yes, provide the detail of the auditors and responsible partner responsible for the audit (as well as a copy of the latest audit report).

5.2 Does the applicant utilise or intend to use Over-the-Counter financial products in the management of hedge fund portfolios?Yes No **5.3 The following information and/or documentation must be attached to the application:**

(a) Details of the persons (Id numbers, qualifications and experience) responsible for –

- (i) the risk management of the applicant's Category IIA activities;
- (ii) the valuation of the hedge fund portfolios;
- (iii) the administration of the hedge fund portfolios.

(b) If any of the functions referred to in paragraph (a) or (b) is outsourced, provide the details of the entity to which it is outsourced in section 2.

6. Compliance with the Financial Intelligence Centre Act, 2001 (FICA), and other anti-money laundering legislation*[This section must be completed by all applicants]***6.1 Does the applicant have effective procedures and systems to comply with all requirements in the FICA and other applicable anti-money laundering or terrorist financing legislation?**Yes No **6.2 If the answer to question 6.1 is yes, please indicate the particular policy and/or page number of the policy or document submitted under question 1.4 that sets out the procedures, systems and processes (including processes related to the training of personnel) to ensure compliance with the FICA and other applicable anti-money laundering or terrorist financing legislation.**

7. Professional Indemnity and/or Fidelity Insurance*[This section must be completed by all applicants]*

Does the applicant have professional indemnity insurance and/or Fidelity Insurance?

Yes No

If yes, please attach copies.

4. Solvency requirement

Instructions:

- (a) Question 4.1 must only be completed by an applicant that seeks approval as a Category I FSP and who does not or does not intend to hold, control or has access to client assets or does not collect, hold or receive premiums or other monies in respect of a financial product.
- (b) Question 4.2 must be completed by all other applicants not referred to in paragraph (a).

4.1 Does the applicant's assets exceed its liabilities?

Yes No

4.2 Does the applicant's assets exceed its liabilities?

[Please note that the terms "assets" and "liabilities" have been defined to exclude certain assets and liabilities in the fit and proper requirements determined by the Authority under section 6A of the Act.]

Yes No

5. Liquidity requirement

Instructions and notes:

- 1. This section must not be completed by a Category I applicant that does not hold client assets or that does not collect, hold or receive premiums or other monies payable in respect of a financial product.

5.1 The applicant must attach Form A in Annexure 6 to the Determination of the Fit and Proper Requirements, 2017.

5.2 The applicant must attach proof of its liquid assets.

6. Declaration

This declaration must be signed by the Chief Financial Officer of the applicant or in the absence of such a person, a person of equivalent status, or the applicant in the case of an applicant being a sole proprietor (responsible person).

I,, (name of responsible person) declare that the information provided in this form is true and correct.

I am aware that the information provided may be subject to verification by the Authority, and should I submit false, incorrect or misleading information to the Authority, this may impact on the applicant's application for a licence.

.....
Date

.....
Signature

EXTERNAL AUDITOR

FSP Number	
Applicant Name	
Instructions and Notes:	
(a) An applicant who intends to make use of the general exemption granted by the Authority under FAIS Notice 82 of 2015 from having to submit audited financial statements and who qualifies for that exemption does not have to complete this form. Please note that the Exemption does not exempt an applicant from the requirement to submit financial statements.	
(b) Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.	

1. External Audit firm

Provide the following information:	
Firm's name	
Practice number	
Physical address	
Postal address	
Telephone number	
Fax number	
E-mail address	
Responsible office or branch [If the firm has more than one branch, indicate the office that will be responsible for applicant's audit]	
Date of appointment of external audit firm	

2. Responsible partner details

Provide the following information in respect fo the partner responsible for the applicant's audit:	
Title	
Full names	
Surname	
Telephone number	
Fax number	
E-mail address	
Branch or office	

3. Confirmation letter from the audit partner

The audit partner must provide in a separate letter signed by him/her confirmation that (s)he has accepted the appointment. The letter must confirm the following:

- (a) That the audit firm and responsible audit partner is organisationally independent from the applicant, or the group of which it is a part of, and able to maintain an objective frame of mind in accomplishing its/his/her responsibilities. And if for whatever reason the audit firm and/or partner cannot carry out its/his/her duties, must immediately notify the applicant and/or the Authority.
- (b) That the audit firm ensures that its audit approach is kept up to date with regard to developments in the profession and within the financial statements industry.
- (c) That the audit firm ensures that its audit approach is kept up to date with regard to developments in the profession and within the financial statements industry.
- (d) That the responsible audit partner has sufficient and relevant experience, technical competence and knowledge of the industry and the applicant for the engagement and is able to deal with complex situations and meet deadlines.
- (e) That the responsible audit partner is qualified to act as an auditor as defined in the Act and is registered with a recognised professional body of Auditors.
- (f) That the responsible audit partner has access to a library with up-to-date sources of relevant statements, standards, legislation, regulation, literature, trends, and developments within the financial services industry.

NOMINEE COMPANY OF DISCRETIONARY OR ADMINISTRATIVE FSP

FSP Number

Applicant Name

Instructions and notes:

- (a) A Nominee must be approved by the Authority to operate in South Africa. If the nominee is not approved, approval must first be obtained or such application for approval must accompany this application. Please contact the Authority to obtain the requirements for approval and the necessary application documentation.
- (b) Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Details of Nominee

Provide the following details of the applicant's nominee.

Name

Registration Number

Nominee's approval number

2. Nominee requirements

2.1 Does the applicant have processes and procedures to ensure the proper reconciliation of client investments between the records of the applicant and that of the nominee? If yes, describe in a separate attachment the process and procedures that is or will be implemented.

Yes

No

2.2 Attach a copy of the written agreement between the applicant and the nominee company.

2.3 In the case of a Category III applicant, are more than 50% of the independent nominee's directors or trustees or other persons responsible for the management and control of the applicant's nominee independent from the applicant?

Yes

No

CLEARING FIRM OR FOREIGN FOREX SERVICES PROVIDERS

FSP Number	
Applicant Name	

Instructions and notes:

- (a) This form must be completed by applicants involved in forex investment business as contemplated in the code of conduct for FSPs involved in forex investment business published under section 15 of the Act.
- (b) In terms of Chapter VI of the Financial Advisory and Intermediary Services Regulations, 2003 (Government Notice 879/2003), an FSP who conducts forex investment business may only appoint a clearing firm or a foreign forex services provider if such clearing firm or foreign forex services provider is approved by the Authority.
- (c) Please complete a separate form for each clearing firm or foreign forex services provider in respect of which approval is sought.
- (d) Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Type of services provider

Clearing Firm	<input type="checkbox"/>
Foreign Forex Services Provider	<input type="checkbox"/>

2. Details

Provide the following details of the clearing firm or foreign forex services provider.

Name	
Registration Number	
Country of Registration	
Country of operation	
Business address	
Postal Code	
Postal address	
Postal Code	
Telephone Number	

3. Details of contact person

Provide the following details of the contact person of the clearing firm or foreign forex services provider

Name and Surname	
Mobile Number	
E-mail Address	

4. Details of Foreign Regulator

4.1 Indicate whether the clearing firm or foreign forex services provider is required to be authorised for the activities it perform in the country from which it is operating?

 Yes

 No

4.2 If the answer to question 4.1 is yes, provide the name of the foreign regulator and attached in a separate annexure –

(a) details of such authorisation and any terms applicable to such authorisation; and

(b) full particulars as regards the nature of the regulatory environment under which the clearing firm or the foreign forex services provider operates in the country concerned.

4.3 Provide full particulars regarding any other authorisation required by the clearing firm or foreign forex services provider for the conduct of business in the country in which it is located and any terms applicable to such authorisation.

5. Nature of Applicant's Business

Indicate whether the applicant-

(a) applicant renders financial services or intend to render financial services in respect of currency pairs in the forex spot market;

(b) issues a financial instrument that derives its value from a fluctuation in the forex market; or

(c) renders financial services or intend to render financial services in respect of a financial instrument that derives its value from a fluctuation in the forex market.

APPLICATION FOR APPROVAL AS COMPLIANCE OFFICER PHASE 1 APPROVAL

Applicant Name	
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Instructions and notes:

- (a) A passport number will only be accepted if the applicant is not a South African Citizen.
- (b) Race must only be indicated if the applicant is a South African Citizen.
- (c) A copy of the identification document of the applicant (if he/she is a South African citizen) or passport (if he/she is not a South African Citizen) must accompany the application.
- (d) The Authority will liaise with the compliance officer or practice regarding all matters concerning the officer or practice and its approval, including the maintenance of the approval, in the event that an approval is granted via electronic mail using the e-mail address of the applicant recorded in section 6;
- (e) Where an e-mail address is not recorded for the applicant, the Authority will liaise with the applicant via the postal address of the applicant recorded in section 6;
- (f) Any requirement in a financial sector law that any notice or information must be provided to the applicant, will be regarded as effective service of such notice or information if it was submitted to the applicant in accordance with paragraph (d) or (e).
- (g) Any change to the information provided in this form must be reported to the Authority, in writing, within 15 days after the change has taken place.

1. Type of applicant

Indicate the type of person applying for phase 1 approval and complete the relevant sections.

Natural Person (excluding a natural person appointed by a compliance practice) (complete section 4.)	<input type="checkbox"/>
Compliance practice (complete section 5)	<input type="checkbox"/>
Director, member or partner of a compliance practice (complete section 4)	<input type="checkbox"/>
Natural person appointed by compliance practice (complete section 4)	<input type="checkbox"/>

2. Internal or external compliance officer

Indicate whether person intends to render compliance services as an internal or external compliance officer or both.

Internal Compliance Officer	<input type="checkbox"/>
External Compliance Officer	<input type="checkbox"/>

3. Category of FSPs in respect of which compliance services will be rendered

Indicate the categories of providers in respect of which approval is sought to render compliance services.

Category I	<input type="checkbox"/>
Category II	<input type="checkbox"/>
Category IIA	<input type="checkbox"/>
Category III	<input type="checkbox"/>
Category IV	<input type="checkbox"/>

4. Personal information

4.1 Provide the following information:
This subsection must be completed by all applicants other than an applicant seeking approval as a compliance practice.

Full Names	
-------------------	--

Surname			
Nationality			
Country of residence			
Identity / Passport Number <i>(Passport no. must only be provided if applicant is not a SA citizen)</i>			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Race	Black	<input type="checkbox"/>	
	White	<input type="checkbox"/>	
	Coloured	<input type="checkbox"/>	
	Indian	<input type="checkbox"/>	
	Asian	<input type="checkbox"/>	
	Other	<input type="checkbox"/> Please specify	

4.2 Provide the following information:
This subsection must only be completed by applicants who are directors, members, partners of a practice and natural persons appointed by a practice that seek Phase 1 approval.

Name of appointing practice	
Approval no. of appointing practice	

5 Compliance practice
*This section must only be completed by an applicant seeking approval as a compliance practice.
 Please note that all directors, members or partners of the applicant seeking approval as a compliance practice must have Phase 1 approval.*

5.1 Provide the following information:

Name of practice			
Institutional form of practice	Company <input type="checkbox"/>	Close Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Registration no of practice			
Country of registration			
Contact person of practice			
B-BBEE Status of practice:			
Indicate whether the applicant is:	100% black owned	<input type="checkbox"/>	
	Majority black owned	<input type="checkbox"/>	
	100% black women owned	<input type="checkbox"/>	
	Majority black women owned	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	

5.2. Provide the following information of all directors, members and partners of applicant:

Full Names	Surname	Nationality	ID/Passport No	Phase 1 approval no.

6 Contact details of applicant**Provide the following information:***(This section must be completed by all applicants.)*

Physical address	
Postal Code	
Postal address	
Telephone Number	
Fax Number	
Mobile Phone Number	
E-mail address	

6. Honesty and integrity

Answer all the questions below. If the answer to any of the questions is YES, provide a full explanation and all information in a separate annexure and attach to the application form.

Has the applicant ever-		Yes	No
1.1	<p>been found guilty in any criminal proceedings or liable in any civil proceedings by a court under any law in any jurisdiction of-</p> <p>(a) an offence under a law relating to the regulation or supervision of a financial institution as defined in the Financial Institutions (Protection of Funds) Act, 2001 (Act No. 28 of 2001) or a corresponding offence under the law of a foreign country;</p> <p>(b) theft, fraud, forgery, uttering a forged document, perjury or an offence involving dishonesty, breach of fiduciary duty, dishonourable or unprofessional conduct; or</p> <p>(c) an offence under the Prevention of Corruption Act, 1958 (Act No. 6 of 1958), the Corruption Act, 1992 (Act No. 94 of 1992) or Parts 1 to 4, or section 17, 20 or 21, of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004), or a corresponding offence under the law of a foreign country?</p>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	been convicted of any other offence committed after the Constitution of the Republic of South Africa, 1996, took effect, where the penalty imposed for the offence was a significant fine?	<input type="checkbox"/>	<input type="checkbox"/>
1.3	accepted civil liability for, or has been the subject of a civil judgment in respect of, theft, fraud, forgery, uttering a forged document, perjury or an any conduct involving dishonesty, breach of fiduciary duty, misrepresentation, or negligent, dishonourable and unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
1.4	been the subject of frequent or material preventative, remedial or enforcement actions by the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
1.5	been removed from an office of trust for theft, fraud, forgery, uttering a forged document, misrepresentation, dishonesty, breach of fiduciary duty or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
1.6	breached a fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>
1.7	been suspended, dismissed or disqualified from acting as a director, managing executive, public officer, auditor or statutory actuary (or his or her alternate) under any law or any action to achieve one of the aforementioned outcomes has been instituted against the person?	<input type="checkbox"/>	<input type="checkbox"/>
1.8	been refused a registration, approval, authorisation or licence to carry out a trade, business or profession, or has had that registration, approval, authorisation or licence suspended, revoked, withdrawn or terminated by a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>
1.9	been denied registration or membership of any professional body or has had that registration or membership revoked, withdrawn or terminated by a professional body because of matters relating to honesty, integrity, or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
1.10	<p>been disciplined, reprimanded, disqualified, or removed in relation to matters relating to honesty, integrity, incompetence or business conduct by a-</p> <p>(a) professional body; or</p> <p>(b) regulatory authority,</p> <p>or has any action to achieve one of the aforementioned outcomes been instituted against the applicant?</p>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	knowingly been untruthful or provided false or misleading information to, or been uncooperative in any dealings with, the Authority or a regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>

1.12	demonstrated a lack of readiness and willingness to comply with legal, regulatory or professional requirements and standards?	<input type="checkbox"/>	<input type="checkbox"/>
1.13	been found to be not fit and proper by the Authority or a regulatory authority in any previous assessments of fitness and propriety?	<input type="checkbox"/>	<input type="checkbox"/>
1.14	been involved or is the applicant involved as a director, trustee, member partner, controlling shareholder or managing executive, or is the applicant concerned in the management, of a business that has been- (a) the subject of any matter referred to in questions 1.1 to 1.13 above, or (b) placed in liquidation or business rescue; while the applicant has been connected with that organisation?	<input type="checkbox"/>	<input type="checkbox"/>
1.15	failed to disclose any information required to be disclosed in terms of the Act?	<input type="checkbox"/>	<input type="checkbox"/>
1.16	been prohibited, by the Authority or any other regulatory body or authority from operating in the financial services industry?	<input type="checkbox"/>	<input type="checkbox"/>
1.17	been involved with an entity which has been censured, disciplined, suspended or refused membership or registration by a stock exchange, futures exchange, other market or regulatory body or authority?	<input type="checkbox"/>	<input type="checkbox"/>
1.18	knowingly or negligently aided or abetted other persons in the breaching of any laws, regulations, exchange rules and/or codes of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
1.19	been the subject of any investigation or disciplinary proceedings by any regulatory authority (whether in the Republic or elsewhere), exchange, professional body, government body or agency?	<input type="checkbox"/>	<input type="checkbox"/>
1.20	been or is its estate sequestrated or liquidated, either voluntarily or involuntarily?	<input type="checkbox"/>	<input type="checkbox"/>
1.21	been subject to or currently is subject to any pending proceedings that may lead to a conviction of any offence or finding of any liability under any law in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
1.22	been or currently is subject to any investigation or proceedings or pending proceedings or is the applicant aware of any investigations or proceedings that may commence?	<input type="checkbox"/>	<input type="checkbox"/>
1.23	been or currently is subject to any other proceedings that may result in any matter referred to in question 1.1 to 1.22?	<input type="checkbox"/>	<input type="checkbox"/>

7. General Disclosure Question

Does the applicant have any additional information, which should be brought to the Authority's attention that may have an impact on the evaluation by the Authority of its honesty, integrity or good standing or that may impact on the applicant's ability to obtain or maintain approval as a compliance officer?

[If the answer to the questions is YES, a full explanation and all relevant information must be provided in a separate annexure.]

Yes No

8. Qualifications

Provide the following information:

Instructions and notes:

- Please refer to the List of Recognised Qualifications to determine whether the qualifications listed under this section are recognised. If the qualifications are not recognised you must, **prior** to submitting this application, apply in the prescribed form and manner to the Authority for recognition of the qualification.
- If the qualification is recognised, indicate under 'Qualification Code' in column three of the Table under this section the qualification ID number as reflected on the List of Recognised Qualifications.
- Attach certified copies of the qualifications.

No.	Qualification code	Qualification	

9. Experience

9.1 Provide the following information regarding the applicant's work experience:

Instructions and notes:

- All positions held since inception of the applicant's career must be listed hereunder.
- Full details of the applicant's responsibilities for every position held in the **last five years** must be provided in a separate annexure to illustrate that the applicant complies with the relevant experience requirements.
- Attach a copy of the applicant's CV.
- The CV must include sufficient detail to satisfy the Authority that the applicant has at least three years' experience in performing a compliance or risk management function and that the applicant complies with the required experience in relation to the different categories of providers in respect of which compliance services are to be rendered.

No	Date of Employment (dd/mm/yy – dd/mm/yy)	Employer	Position Held

9.2 Do you have at least three years' experience in performing a compliance or risk management function?

Yes No

9.3 Indicate the months of experience obtained in performing a compliance or risk management function in respect of the specific category(ies) of FSP in respect of which approval is sought to render compliance services.

Category of FSP	Months Experience
Category I <input type="checkbox"/>	
Category II <input type="checkbox"/>	
Category IIA <input type="checkbox"/>	
Category III <input type="checkbox"/>	
Category IV <input type="checkbox"/>	

9.4. Provide-

(a) reference letters from appropriate senior officials that confirm the particular experience obtained by the applicant and his/her employment history. Reference letters must be provided for all experience on which the person relies to demonstrate compliance with the relevant experience requirement; and

(b) the following information:

No.	Name of Person providing reference	Company Employed	Designation

10 Regulatory Examinations

Indicate which of the following regulatory examinations have been completed.

RE 1 <input type="checkbox"/>	RE 3 <input type="checkbox"/>
RE 4 <input type="checkbox"/>	RE 5 <input type="checkbox"/>

11 Services under supervision

11.1 Will the applicant be rendering compliance services under supervision?

Yes No

11.2 If the answer to question 11.1 is yes, provide the following information:

Name of Supervisor	
Phase 1 approval number of supervisor	

11.3 The following information must be provided in a separate document attached as an annexure to the application:

(a) Confirmation from the supervisor that he/she has the required operational ability to supervise the rendering of compliance services by the applicant; and

(b) A copy of the supervision agreement.

12. General requirements

Have you entered into a compromise with creditors, are you an unrehabilitated insolvent or have you been provisionally sequestered or liquidated?
 Yes No

13. Additional requirements applicable to external compliance officers

If the answer to any of these questions is No, provide full details in a separate document signed by the compliance officer or person delegated by the compliance practice and attach to the application form.

Questions		Yes	No
1.	Do you have a fixed business address?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have the operational ability to render compliance services efficiently?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have adequate storage and filing systems for the safe-keeping of records, business communications and correspondence?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have control structures, processes and procedures with reference to-		
	(a) segregation of duties where such segregation is appropriate from an operational and risk mitigation perspective?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) control of access to the compliance officer's premises?	<input type="checkbox"/>	<input type="checkbox"/>
	(c) access rights and data security on electronic data?	<input type="checkbox"/>	<input type="checkbox"/>
	(d) physical security of your records?	<input type="checkbox"/>	<input type="checkbox"/>
	(e) business policies and controls?	<input type="checkbox"/>	<input type="checkbox"/>
	(f) system application testing?	<input type="checkbox"/>	<input type="checkbox"/>
	(g) disaster recovery and back-up procedures on electronic data?	<input type="checkbox"/>	<input type="checkbox"/>
	(h) a business continuity plan?	<input type="checkbox"/>	<input type="checkbox"/>

14 Consent

I, (full name of director, member, partner, trustee), identity / passport number, hereby authorise the **Authority**, and its duly authorised verification agent, to request or confirm any personal information as well as any other information that I have provided in support of my application to any personal data holders (including but not limited to the South African Police Services, the Government of the RSA, industry bodies and associations, employers and any educational, training, credit bureau and fraud prevention organisations) for the purpose of verifying my personal credentials and records.

Credential verification types include, but are not limited to, educational qualifications, professional membership, employment history, employment references including industry employment registers, consumer credit, criminal records, drivers' licence, and fraud prevention checks.

I authorise the personal data holders (including but not limited to the aforesaid institutions) to furnish information regarding my credentials, whether claimed or not, to the **Authority** and it's duly authorised verification agent. I unconditionally indemnify the **Authority**, its verification agent and the personal data holders against any liability that may result from furnishing information in this regard.

I, (name of applicant) declare that the information provided in this form is correct.

.....
Signature

.....
Date

APPLICATION FOR EXEMPTION
Applicant Name
Instructions and notes:

- (a) A passport number will only be accepted if the applicant is not a South African Citizen.
 (b) A copy of the applicant's identification document (if he/she is a South African citizen) or passport (if he/she is not a South African Citizen) must accompany the application.

1. Type of applicant

Indicate the type of person applying for exemption.

FSP	<input type="checkbox"/>
Key individual	<input type="checkbox"/>
Representative	<input type="checkbox"/>
Compliance officer	<input type="checkbox"/>
Other	<input type="checkbox"/>

2 Details of applicant
2.1 Provide the following information if the applicant is an FSP:

FSP no.

2.2 Provide the following information if the applicant is a person other than an FSP:

Full Name(s)

Surname

Date of Birth

Identity / Passport Number
(Passport no. must only be provided if applicant is not a SA citizen)

Gender

 Male

 Female

Race

 Black

 White

 Coloured

 Indian

 Asian

 Other Please specify:

Postal address	
Postal Code	
Telephone Number	
Mobile Phone Number	
E-mail address	

3 Details of and motivation for exemption

3.1 Indicate the section of the Act (including subordinate legislation) and provide description of requirement, from which exemption is required.

Section of Act	Description of requirement

3.2 Indicate period for which the exemption is required and explain why such period is required. The explanation must be attached as a separate annexure to this form.

Period	
--------	--

3.3 Provide a detailed explanation and/or motivation of why the exemption should be considered. The explanation and/or motivation must be attached as a separate annexure to this form. Where applicable, evidence in support of the application must be provided e.g. where an applicant seeks exemption based on medical grounds, the application must be accompanied with a letter from the relevant medical practitioner confirming the existence and extent of the medical problem.

14 Consent

I, (full name of director, member, partner, trustee), identity / passport number, hereby authorise the **Authority**, and its duly authorised verification agent, to request or confirm any personal information as well as any other information that I have provided in support of my application to any personal data holders (including but not limited to the South African Police Services, the Government of the RSA, industry bodies and associations, employers and any educational, training, credit bureau and fraud prevention organisations) for the purpose of verifying my personal credentials and records.

Credential verification types include, but are not limited to, educational qualifications, professional membership, employment history, employment references including industry employment registers, consumer credit, criminal records, drivers' licence, and fraud prevention checks.

I authorise the personal data holders (including but not limited to the aforesaid institutions) to furnish information regarding my credentials, whether claimed or not, to the **Authority** and its duly authorised verification agent. I unconditionally indemnify the **Authority**, its verification agent and the personal data holders against any liability that may result from furnishing information in this regard.

I, (name of applicant) declare that the information provided in this form is correct.

.....
Signature

.....
Date